

Report dated May 11, 2005 titled Report on CalWORKs Homeless Families

Report Dated June 27, 2005 titled Department of Mental Health (DMH) Homeless Discharge Policies - Quarterly Report June 2005

Report dated August 18, 2005 titled Action Plan to reduce CalWORKs Welfare-To-Work Sanctions

Report dated October 12, 2005 titled Status Report on Homeless Discharge Policies

Report Dated October 14, 2005 titled DMH Homeless Discharge Policies – Quarterly Report October 2005

Report Dated January 5, 2006 titled Report on County Efforts to Prevent/Reduce Homelessness in Los Angeles County

Report Dated January 6, 2006 titled DMH Homeless Discharge Policies - Quarterly Report



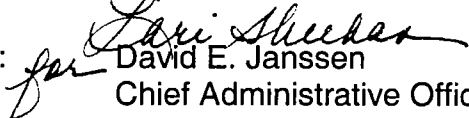
County of Los Angeles
CHIEF ADMINISTRATIVE OFFICE

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DAVID E. JANSSEN
Chief Administrative Officer

October 12, 2005

To: Supervisor Gloria Molina, Chair
Supervisor Yvonne B. Burke
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From:  David E. Janssen
Chief Administrative Officer

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STATUS REPORT ON HOMELESS DISCHARGE POLICIES

In accordance with your Board's direction on January 4, 2005, this report provides the status of activities to date to review the impact of County policies and procedures regarding the discharge of at-risk and homeless persons from County institutions. The Chief Administrative Office, Service Integration Branch, has continued to facilitate a work group composed of representatives from the County's health and human services departments, as well as representatives from Probation, Regional Planning, Sheriff, the Community Development Commission, and the Los Angeles Homeless Services Authority.

The Discharge Work Group is in the process of finalizing a series of recommendations for your Board's consideration. We anticipate transmitting the recommendations to you no later than November 28, 2005. Following is a summary of the major recommendations:

- Create several strategically located, short-term shelter and service centers for persons discharged from County jail who have no identified place to go. The purpose of the centers would be to stabilize discharged persons by ensuring that they have a connection to housing and supportive services. The Sheriff is the County's largest discharger of at-risk and homeless persons who have multiple service needs, including shelter. While the Sheriff has taken significant steps over the last several years to connect jail inmates with services and housing upon release, including the creation of a community transition team, this population continues to represent the greatest number of persons who become homeless upon discharge from a County institution.

- Develop procedures to expeditiously reconnect persons discharged from the County jail with County-administered benefits and services that they became ineligible for upon incarceration. Examples of benefits and services include SSI, CalWORKs, Food Stamps, General Relief, and, for emancipated foster youth or probation youth who have been incarcerated Independent Living Program services.
- Develop the ability to maintain certain types of services, as well as medications for persons incarcerated in County jail. Examples would include ensuring that the Sheriff is financially able to maintain a jail prisoner on prescribed medications for mental illness; currently, in response to budget limitation, the Sheriff conducts mental health assessments of prisoners and provides the least expensive medication possible. Other examples would include parenting or anger management classes required as a result of child welfare and/or domestic violence referrals.
- Work with the Superior Court to create a mental health court for chronically homeless persons with mental health and/or substance abuse issues through which such persons would be ordered by the court to accept and maintain services in exchange for reduction/dismissal of legal violations.
- Fund and staff multi-departmental County health and human services outreach teams that work in tandem with local police departments and nonprofit agencies to canvass areas where there are large concentrations of homeless persons to reach out and connect the homeless with services including temporary supportive housing.
- Have all departments that run County institutions directly or through a County contract utilize/implement the discharge standards and guidelines and the universal discharge form developed by the Discharge Work Group. The standards and guidelines include the ability for departments to add department-specific requirements.
- Continue to work with the County Housing Alliance on other related initiatives that are consistent with the work of the Discharge Policies Work Group, including, but not limited to a housing trust fund, developing a housing data base, creating SPA-based teams of housing specialists who work with all County clients in obtaining permanent housing, continuing efforts to improve the capacity of transitional age youth to link with services that will improve their opportunity to transition to a successful adulthood, and create alliances with other public agencies and community organizations to provide support services and permanent housing for persons discharged from County institutions.

Each Supervisor
October 12, 2005
Page 3

If you have any questions, please contact me or your staff my contact Lari Sheehan at (213) 893-2477 or lsheehan@cao.co.la.ca.us.

DEJ:LS
MDC

c: Leroy Baca, Sheriff
Executive Officer, Board of Supervisors
County Counsel
David B. Sanders, Ph.D., Department of Children and Family Services
Carlos Jackson, Community Development Commission
Thomas Garthwaite, M.D., Department of Health Services
Marvin Southard, DSW, Department of Mental Health
Bryce Yokomizo, Department of Public Social Services
Paul Higa, Probation Department
James E. Hartl, Regional Planning Department
Cynthia Banks, Department of Community and Senior Services
Mitchell Netburn, Los Angeles Homeless Services Authority

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Director

SUSAN KERR
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RODERICK SHANER, M.D.
Medical Director



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DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.info>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4601
Fax: (213) 386-1297

October 14, 2005

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.
Director of Mental Health

SUBJECT: **DMH HOMELESS DISCHARGE POLICIES – QUARTERLY REPORT
OCTOBER 2005**

This letter is in response to your Board's January 4, 2005 request that the Department of Mental Health (DMH) provide a quarterly report on its policies and procedures that ensure persons are discharged to appropriate housing and linked to community mental health services; the barriers to the successful implementation of such policies and procedures; and a plan to modify or create policies and practices that do not contribute to homelessness, including a timeline to implement such a plan.

DMH, through its Stakeholder's process, has developed a Community Services and Support (CSS) plan to utilize resources available through the Mental Health Services Act (MHSA), which became State law effective January 1, 2005. Your Board approved the plan on October 11, 2005. The plan will be submitted for review and approval by the State Department of Mental Health. If approved, funding will become available in January 2006.

MHSA funding will enable DMH to implement a full range of programs for all age groups that will provide services and supports for mentally ill individuals to live successfully in the community.

If you have any questions or need additional information, please contact me at (213) 738-4601.

MJS:TB:MM:mm

Attachment

c: Violet Varona-Lukens

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

QUARTERLY REPORT

DEPARTMENTAL DISCHARGE POLICIES AND PROCEDURES TO PREVENT HOMELESSNESS

October 14 2005

This past quarter, through the ongoing stakeholder's process, DMH developed the Community Services and Support (CSS) plan to utilize resources available through the Mental Health Services Act (MHSA).

The resources available through the MHSA will be used for development and implementation of mental health services and supports for individuals with serious mental illnesses. The long-term goal of the MHSA is to develop and implement services to achieve improved outcomes for children, transitional age youth, adults and older adults in the public mental health system. Services will be designed to support the transition of individuals moving from criminal justice systems, hospitals, emergency rooms, out of home placements, and institutional settings to community placement and housing thereby reducing homelessness.

Your Board approved the plan on October 11, 2005. It will be submitted to the State Department of Mental Health for review and approval. If approved, funding will become available in January 2006.

Components of the CSS plan that will provide services to individuals with mental illness who are homeless or at risk for homelessness include the following:

- Implementation of Full Service Partnerships (FSP) for all age groups which will provide field-based mental health services with 24 hours per day, 7 days per week availability for crisis response and intervention; immediate access to housing so that individuals are not discharged from higher levels of care into homelessness; peer support and advocacy; and ethnically and linguistically diverse staff. FSPs will meet the need previously identified by the discharge planning workgroup for increased capacity and number of agencies providing AB 2034 and Assertive Community Treatment (ACT) services.
- Implementation of Service Area (SA) Navigator Teams to assist individuals in finding and securing the formal and informal supports they need. The program will develop and maintain information on employment and housing services in each service area, and will recruit employers and housing providers to become an active part of the support network in the service area.
- Outreach and engagement services for incarcerated individuals with mental illness referred by Jail Mental Health Services, Mental Health Court workers,

Discharge Policies and Procedures to Prevent Homelessness

October 14 2005

Page 2 of 2

attorneys, and family members. This includes mental health services and supports, housing to prevent release into homelessness, and employment services. The linkage team will coordinate referral and linkage with FSP programs.

- Expanded capacity for residential programs that provide integrated treatment for co-occurring mental illness and substance abuse.
- Increased resource development for homelessness with child, youth, adult, and older adult populations, including, access to in-home mental health services, drop-in centers, respite care, increased benefits establishment, and specialized residential placements.
- Augmented staffing resources to provide more intensive and timely consultation services for children, youth and adults in psychiatric emergency rooms and acute inpatient psychiatric units.
- Establishment of a Housing Trust Fund, utilizing one-time MHSA funds, which will support the development of new permanent supportive housing for individuals of all ages with psychiatric disabilities that are homeless or are living in residential settings. The Trust Fund will provide increased funding to support rent subsidization for special needs populations, to increase the inventory of affordable housing, and provide funding for the necessary supportive services that are critical to accompany such housing.
- Provision of two housing specialists for each Service Planning Area (SPA) who will assist individuals to secure affordable and permanent housing and work to expand the housing resources within their SPA.
- Promote the development of two additional Safe Havens (residential programs for homeless mentally ill individuals) by funding services and operational costs.

With the State Department of Mental Health's approval of the CSS plan, the Department will be well positioned to implement an array of innovative programs for all age groups that will enable mentally ill individuals to live successfully in the community with services and supports.

TB:MM:mm

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DEPARTMENT OF MENTAL HEALTH

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550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4601
Fax: (213) 386-1297

June 27, 2005

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.
Director of Mental Health

SUBJECT: **DEPARTMENT OF MENTAL HEALTH (DMH) HOMELESS DISCHARGE
POLICIES – QUARTERLY REPORT JUNE 2005**

This memo is in response to your Board's January 4, 2005 request that the Department of Mental Health (DMH) provide a quarterly report on its policies and procedures that ensure persons are discharged to appropriate housing and linked to community mental health services; the barriers to the successful implementation of such policies and procedures; and a plan to modify or create policies and practices that do not contribute to homelessness, including a timeline to implement such a plan.

Over the past three months, DMH has been developing discharge planning standards and procedures for its programs that will ensure linkage to community-based services to assist County at-risk and homeless persons with mental illness to locate and retain appropriate housing and mental health services.

In November 2004 the Mental Health Services Act (MHSA) became state law effective January 1, 2005. MHSA funding will enable DMH to implement strategies to reduce and prevent homelessness through the provision of integrated treatment services and housing for individuals with serious mental illnesses. During the DMH Stakeholder's process, workgroups prepared recommendations for the allocation of MHSA funds for children, transitional age youth, adults, and older adults. Stakeholder delegates will develop a plan that adjusts and integrates the recommendation that will be submitted to the Mental Health Commission for review. The final plan will be submitted to the Board of Supervisors for review and approval prior to submission to the State Department of Mental Health.

If you have any questions or need additional information, please contact me, at (213) 738-4601 or your staff can contact Mary Marx at (323) 226-4744.

MJS:TB:MM:mm

Attachment

c: Susan Kerr
Jim Allen

"To Enrich Lives Through Effective And Caring Service"

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

QUARTERLY REPORT

DEPARTMENTAL DISCHARGE POLICIES AND PROCEDURES TO PREVENT HOMELESSNESS

June 27, 2005

During this past quarter, Department of Mental Health (DMH) has been developing and/or modifying discharge planning procedures for its programs that ensure linkage to community based services. These procedures will assist County at-risk and homeless persons with mental illness to locate and retain appropriate housing and mental health services and will identify barriers to the implementation of discharge planning policies and procedures. Progress has been made in the following areas:

ADULT SYSTEM OF CARE

- Assembly Bill (AB) 2034/Assertive Community Treatment (ACT) – The Adult System of Care (ASOC) is reviewing and modifying AB 2034/ACT discharge planning guidelines that ensure clients are discharged into the community with linkages and referrals to essential housing and other community services.
- The DMH Stakeholder's process for allocating Mental Health Services Act (MHSA) funds has identified a need to increase system capacity of AB 2034 and ACT programs.

COUNTY HOSPITAL ADULT LINKAGES PROGRAM (ALP)

- DMH and DHS collaborated to develop discharge planning guidelines and procedures for County acute inpatient psychiatric units. These procedures address the needs of County hospital patients who require locked residential treatment and care facilities. The guidelines ensure that individuals in acute settings will be discharged to the least restrictive, safe and appropriate level of care.

IMD – STATE HOSPITAL TRANSITION PROJECT

- In July 2004 DMH implemented the Institutions for Mental Diseases (IMDs)-State Hospital Transition Project to transition clients from State Hospitals/IMDs to community placements with ACT program support. Important components of the project include enhanced IMDs, ACT programs, residential services and peer support programs. As of June 1, 2005, 270 DMH clients were successfully transitioned from State Hospitals and IMDs to lower levels of care.

RENTAL ASSISTANCE PROGRAM

- DMH sets aside funding from various grants to provide funds for first month and last month rents and security deposits to eligible homeless clients moving into affordable housing or for clients facing eviction.
- DMH has allocated additional one-time funds to rental assistance for Fiscal Year (FY) 2004-2005 and FY 2005-2006. Unlike federal funds, these funds can be used for non-homeless as well as homeless clients in order to prevent them from becoming homeless.

JAIL MENTAL HEALTH SERVICES

- In partnership with the Sheriff's Department, DMH provides mental health services to inmates in the County jail system. Inmates are screened to determine their need for mental health services upon booking and intake into the jail system.
- Housing assignments in the jail enable inmates to receive mental health services including psychiatric medications and/or evaluations, stabilization, individual treatment, family consultation, and planning for return to the community when appropriate.
- Barriers to successful discharge planning include unanticipated release of inmates, lack of housing resources, lack of motivation and interest in available housing, limited support from family and friends, and lack of benefits upon release from jail.

MENTAL HEALTH SERVICES ACT (MHSA)

In November 2004 the MHSA became state law effective January 1, 2005. The resources available through the MHSA will be used for expansion of services for individuals with serious mental illnesses. MHSA provides a unique opportunity to transform the mental health system. The long-term goal of the MHSA is to expand services to achieve improved outcomes for children, transitional age youth, adults and older adults in the public mental health system. All plans and services will be designed based on their contribution to specific outcomes for individuals including meaningful use of time and capabilities, safe housing, a network of supportive relationships, access to help in a crisis, and reduction in incarcerations.

Within the past year, the DMH implemented a Stakeholder planning process to make program and fiscal recommendations to support the transition of individuals moving from criminal justice systems, hospitals, emergency rooms, out of home placements, and institutional settings to community placement and housing. The planning process

has been guided by a desire for systemic and client-centered outcomes that enhance a person's ability to function productively in the community.

Currently, workgroups are developing specific recommendations to utilize MHSA funds. Delegates, elected by the Stakeholders, will examine the recommendations from each of the workgroups and develop a plan that integrates the recommendations from the workgroups. The plan will be submitted to the Mental Health Commission for review. Finally, the plan will be submitted to the Board of Supervisors for review and approval.

Recommendations developed in workgroups include:

- Augmented staffing resources to provide more intensive and timely consultation services for children, youth and adults in acute inpatient psychiatric units.
- Increased resource development for homelessness with child, youth, adult, and older adult populations, i.e., access to in-home mental health services, respite care, increased benefits establishment, specialized residential placements, and stable housing programs.
- Expanded AB 2034 programs and development of more effective protocols to ensure releasing institutions notify AB 2034 program staff prior to discharge.
- Provision of adequate levels of interim funding to allow individuals who are uninsured or awaiting funding to be placed in community emergency or residential housing.
- Expanded, integrated outpatient community-based mental health and substance abuse services.
- Increased funding to support rent subsidization for special needs populations, to increase the inventory of affordable housing, and provide funding for the necessary supportive services that are critical to accompany such housing.
- Increased funding to provide move-in costs for homeless clients who have identified permanent affordable housing and do not have resources to pay the up-front money required by landlords.
- Expanded funding to provide specialized shelter care for DMH outpatient mentally ill clients.

MHSA funding will enable DMH to implement strategies to reduce and prevent homelessness through the provision of integrated treatment services and housing for

Each Supervisor
June 27, 2005
Page 4

individuals with serious mental illness. Recovery-based, client-centered services and family participation are important aspects of the MHSA planning process.

TB:MM:mm

County of Los Angeles
DEPARTMENT OF PUBLIC SOCIAL SERVICES

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BRYCE YOKOMIZO
Director



Board of Supervisors
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MICHAEL D. ANTONOVICH
Fifth District

May 11, 2005

TO: Each Supervisor

FROM: Bryce Yokomizo, Director

SUBJECT: **REPORT ON CalWORKs HOMELESS FAMILIES
(BOARD ORDER #3 – JANUARY 4, 2005)**

This is to follow up on my March 9, 2005 interim response to your Board's request that DPSS analyze the characteristics and circumstances of CalWORKs homeless families and implement strategies to address these families' needs.

Based on your Board's request, DPSS, in collaboration with the Chief Administrative Office's Service Integration Branch, developed two approaches for analyzing the population. The first was a study of administrative data from cases aided during the period of September through November 2004. CalWORKs families were identified as homeless, not homeless, or at risk of homelessness. The second was a participant survey completed by 373 CalWORKs participants who requested CalWORKs homeless benefits during the week of February 22 through February 28, 2005. The survey was designed to provide supplemental information to more fully understand the reasons behind homelessness and the barriers to permanent housing.

This memo provides an analysis of the administrative and survey data. The full study, CalWORKs Homeless Families, is attached for your review.

The following are significant findings from the study, including the administrative data and participant survey:

- Of the 177,000 CalWORKs cases included in the administrative data, there was an indicator of homelessness for about 13,000 (7%) families.
- The Second District contains the largest CalWORKs caseload (36% of the countywide caseload) and the largest number of CalWORKs homeless families (44% of the countywide total).

Sent 5/11/05
BPO

Each Supervisor
May 11, 2005
Page 2

- A greater proportion of homeless adults were exempt from welfare-to-work activities (i.e., the GAIN program) as compared to non-homeless adults. This is because homeless parents tended to have much younger children than non-homeless families, qualifying them for a GAIN exemption. Consequently, there was lower participation in GAIN by homeless families than non-homeless families.
- Homeless participants used mental health, substance abuse, and domestic violence services more than non-homeless participants.
- The analysis showed that sanctions and time limits are not factors that set homeless families apart from those who are non-homeless. Specifically, the proportion of sanctioned homeless adults was only one half of that of non-homeless adults. Also, the data suggests that there is no link between reaching time limits and subsequently becoming homeless.
- A lack of education did not distinguish homeless families from non-homeless families. Also, the average income of both homeless and non-homeless families was very similar, indicating that circumstances, rather than income, appear to distinguish homeless families from non-homeless families.
- Most survey respondents shared that this episode of homelessness was their first: nearly 85% indicated they had been homeless only once in the last 12 months. This indicates that homelessness among families tends to be episodic and not chronic.
- Most respondents indicated they were homeless as a result of an argument ending in them leaving their prior residence. Also, unemployment was another prevalent reason for homelessness.
- According to the survey respondents, the primary barrier to ending homelessness was the affordability of housing, followed by unemployment.
- Most respondents indicated they were able and wanted to work, but needed training, education, child care and transportation.

Based on the full study, all the previously planned intervention strategies shared with your Board in March are still appropriate. Later this month, I will be providing your Board with a status report on all of the intervention strategies implemented since January 2005, including the extent to which funding is available to sustain these strategies beyond this fiscal year.

BY:jms

Attachments

c: Chief Administrative Office
County Counsel
Executive Officer, Board of Supervisors

County of Los Angeles
DEPARTMENT OF PUBLIC SOCIAL SERVICES

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BRYCE YOKOMIZO
Director

LISA NUÑEZ
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Board of Supervisors

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Fifth District

August 18, 2005

TO: Each Supervisor

FROM: Bryce Yokomizo, Director

SUBJECT: ACTION PLAN TO REDUCE CalWORKs WELFARE-TO-WORK SANCTIONS

On April 13, 2005, I informed your Board that DPSS would develop an Action Plan through a collaborative process to reduce sanctions based on the report, "Study of Sanctions Among CalWORKs Participants in the County of Los Angeles: Who, When, and Why?" This memo describes that collaborative process and transmits the resulting Action Plan.

Background

As you will recall, the report "Study of Sanctions Among CalWORKs Participants in the County of Los Angeles: Who, When, and Why?" was conducted in response to the need identified by the Commission for Public Social Services for systemic information on welfare sanctions in Los Angeles County. A few of the key findings in the report which are addressed in the Action Plan are:

- Almost two-thirds of sanctioned Greater Avenues for Independence (GAIN) participants are sanctioned before participating in any welfare-to-work activity, primarily for failure to attend orientation.
- The most prevalent reasons identified for this failure to participate are lack of adequate transportation and child care and failure to receive notifications in a timely manner.

Planning Process

In response to the study findings, my Department has developed an Action Plan, through a collaborative process involving managers from throughout DPSS and key partners from other County departments, service providers, advocates, and the Commission for Public Social Services. Our goal was to bring together all pertinent groups to think beyond current standard operating procedures and develop creative solutions to the issues identified in the study.

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To begin the process, in March 2005, a cross-cutting group of DPSS managers began meeting to review the preliminary draft of the study and identify potential actions that DPSS could implement in response to the findings. This group became the Internal Workgroup.

In May 2005, a Partners Workgroup was convened with representatives from the Commission for Public Social Services' Committee for Review and Evaluation of CalWORKs (CORE), advocates, service providers and DPSS managers to review the key findings and the suggested actions by the DPSS Internal Workgroup, as well as brainstorm additional solutions. The membership of the Partners Workgroup is set forth on Attachment A.

From May-July, information was regularly exchanged between the Partners Workgroup and the Internal Workgroup. Through this process, a consensus was achieved and the attached Action Plan was developed. The Partners Workgroup will continue discussions on additional items not listed in the Action Plan until a resolution is achieved.

Action Plan

The Action Plan identifies key research findings, the actions DPSS will take to address the issues, the rationale for each proposed action, and the projected time frame for the implementation of each action. Implementation has already begun on some of the actions contained in the Plan. The Action Plan is Attachment B.

The actions outlined in the plan offer a wide variety of solutions. Some actions involve modifications to the process through which DPSS staff interact with participants, while others involve modifications to automated systems. Still other actions focus on increasing access to short-term child care, or additional training, or tools for GAIN staff.

As a package, these actions represent a comprehensive approach to increasing welfare-to-work participation and reducing sanctions. We are committed to embracing and conveying a philosophy in the GAIN Program, which focuses on maximizing participation in welfare-to-work activities, to enable participants to reach their full potential, find employment and become self-sufficient.

Reports to the Board

I will submit an initial progress report on implementation of the Action Plan to your Board in six months and will subsequently provide you with quarterly progress reports.

BY:pa

Enclosures

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors
Commission for PSS - CORE

**GAIN SANCTION STUDY
PARTNERS' WORKGROUP**

Phil Ansell, Director Bureau of Program and Policy Department of Public Social Services	Vance Martin, Chief Division IV Department of Public Social Services
Yolanda Arias, Directing Attorney Legal Aid Foundation of Los Angeles	Kate Meiss, Staff Attorney Neighborhood Legal Services
Grace Cainoy, Executive Director Child Care Alliance of Los Angeles	Dan Miller, Director GAIN Division Los Angeles County Office of Education
Lori Cruz, Deputy Director Branch Operations Child Support Services Department	Manuel Moreno, Ph.D., Project Director Service Integration Branch Los Angeles County Chief Administrative Office
Dolores Daniel, Program Manager Service Area 4 & CalWORKs DPSS Co-Located/GROW Programs Mental Health Department	Christina Nguyen, Chief Information Technology Division Department of Public Social Services
Gail Dershewitz, Chief Research, Evaluation & Quality Assurance Division Department of Public Social Services	Margaret Quinn, Chief CalWORKs Division Department of Public Social Services
Luther Evans, Chief Human Resources Division Department of Public Social Services	Alfred Ramirez, Assistant Director CalWORKs Glendale Community College
Russ Hibbs, Chief Eligibility Systems Division Department of Public Social Services	Maria Rodriguez, HSA III-in-Charge GAIN Program Division Department of Public Social Services
Leonard Schneiderman, Ph.D Commission for Public Social Services	

Study of Sanctions Among CalWORKs Participants in the County of Los Angeles

Action Plan

- I. **RESEARCH FINDING:** Almost two-thirds of sanctioned GAIN participants are sanctioned when they fail to show up for their Orientation session.

ACTIONS

- A. The Home Interview Program (HIP) Eligibility Worker (EW) will interact with applicants during the Intake process in order to explain the Welfare-to-Work (WtW) process including information on their orientation appointment, child care, transportation, good cause, and potential exemptions.

Providing a participant with one-on-one information on the WtW process during Intake will assist the participant in understanding the program components, participation requirements and the relevance of not participating.

Mid-Term Goal

- B. Provide at least one designated GAIN Services Worker (GSW), or Contracted Case Manager (CCM) to assist participants with scheduling and rescheduling their Orientation appointment.

Providing a designated GSW/CCM will enable participants to engage in GAIN by receiving assistance either with scheduling or rescheduling an Orientation appointment for a date which is convenient to them.

Mid-Term Goal

- C. Eliminate automated recycling of participants through Orientation when they fail to return a completed QR7 on time or have a late redetermination, but subsequently submit the required documentation before termination of the CalWORKs grant actually takes effect.

Delaying deregistration from GAIN will provide time for the GAIN participant to submit documentation required to retain CalWORKs eligibility, while continuing to participate in GAIN or re-engage in a GAIN activity without having to be processed through GAIN orientation.

Short-Term Goal

- D. Ensure reported changes on participant's phone/address are updated on LEADER/GEARS as quickly as possible in order for the participant to receive a timely Orientation appointment letter.

Ensuring address changes are in LEADER/GEARS as quickly as possible will alleviate the problem of participants not receiving their appointment letters timely.

Short-Term Goal

- E. An automated letter will be sent to the participant in a timely manner giving the participant time to keep the appointment.

Changing the time frame from seven working days to ten working days prior to the Orientation appointment date will provide the participant with additional time to receive the appointment notice and make the necessary arrangements to attend Orientation.

Short-Term Goal

*Note: Goals are defined as follows:

Short-Term	1-4 months
Mid-Term	5-8 months
Long-Term	9+ months

Study of Sanctions Among CalWORKs Participants in the County of Los Angeles

Action Plan

- I. RESEARCH FINDING:** Almost two-thirds of sanctioned GAIN participants are sanctioned when they fail to show up for their Orientation session.

ACTIONS

- F. Participants who are nearing the end of their exemption period will be contacted by a designated GSW/CCM in each region to discuss the need for further exemption and/or participation in GAIN.**

Providing a designated GSW in each region will enable participants to receive the immediate information they need to participate in Orientation, or receive an appropriate, expeditious exemption.

Short-Term Goal

- G. Create flexible appointments for those who are working part-time or are students so that they can attend Orientation and Appraisal (OAP). In addition, if attending OAP conflicts with a participant's school schedule and the participant is being approved for a Self-Initiated Program (SIP), OAP may be scheduled at the convenience of the participant or may be bypassed.**

Many participants who want to attend Orientation have conflicts because they are working or are in school; providing flexible appointments will allow them to do so.

Short-Term Goal

- H. Provide the incentive of having a "Drawing" at OAP. GAIN participants that complete OAP will be entered in a drawing and if selected will win gift certificates.**

Incentives can help motivate participants to attend Orientation and continue in GAIN.

Mid-Term Goal

- I. Conduct home call to non-compliant GAIN participants to assess for good cause and exemption qualifications in order to resolve compliance problems before a sanction is recommended.**

The purpose of this intervention is to assist participants in resolving issues/barriers related to the non-compliance and re-engage participants in GAIN activities.

Short-Term Goal

- J. Each GSW/CCM, will telephone each participant assigned to them to remind them of their OAP appointment.**

Calling participants before their OAP appointments will enable GSWs/CCMs to motivate and provide assistance on removing child care and transportation barriers that may preclude attendance at OAP.

Short-Term Goal

- K. Participants re-entering GAIN that have attended OAP in the last twelve months will receive a specialized letter and individual appointment time instead of the standard group OAP appointment time.**

Individual appointments for re-entering participants will provide GSWs/CCMs with the time needed to provide appropriate attention and services.

Mid-Term Goal

Study of Sanctions Among CalWORKs Participants in the County of Los Angeles

Action Plan

- II. RESEARCH FINDING:** Evidence indicates communication issues between CalWORKs and GAIN staff, between LEADER and GEARS, between staff and participants, between participants and systems, which impede GAIN participation and contribute to sanctions.

ACTIONS

- A. Provide additional access to automated CalWORKs eligibility information for GSWs/CCMs.**

By being able to access this eligibility information, GSWs/CCMs will be able to more quickly ascertain the status of a participant's case, employment or if other circumstances exist so a sanction should not be recommended.

Long-Term Goal

- B. Improve information to participant by providing the names and tasks of EW and GSW/CCM.**

Providing the names and tasks of the assigned EW and GSW to participants anytime one of the workers is changed will help to eliminate the confusion participants have in knowing whom to report information and whom to call to resolve issues.

Mid-Term Goal

- C. Provide staff with training regarding working together as a team with a common end result as well as customer service training.**

EWs and GSWs have the same common goal: to ensure participants in the WtW program succeed and obtain employment. Working together as a team as well as providing good customer service will facilitate that goal.

Mid- Long-Term Goal – Various Actions

- D. GSWs will be given improved access to EWs. They may contact them at any time, not just during phone hours.**

This will allow better communication which will assist the GSW/CCM in providing appropriate services to participants.

*Short term Goal-New procedures
Long-Term Goal- Phone system changes*

- E. Schedule meetings between Eligibility and GAIN managers to discuss the ideas already identified by line staff to enhance communication between CalWORKs and GAIN staff. Ensure that line staff has input to this process.**

Engaging CalWORKs eligibility and GAIN managers and staff in identifying ways to enhance communication between CalWORKs eligibility and GAIN/ Contracted staff will result in the most effective set of actions to achieve the goal of enhanced communication.

Short-Term Goal

Study of Sanctions Among CalWORKs Participants in the County of Los Angeles

Action Plan

- II. RESEARCH FINDING:** Evidence indicates communication issues between CalWORKs and GAIN staff, between LEADER and GEARS, between staff and participants, between participants and systems.

ACTIONS

- F. End 1st, 2nd, and 3rd instance financial sanctions, without a GSW review, when DPSS receives a PA 1934, CalWORKs Treatment/Services Verification Form, from a specialized supportive services provider confirming that the participant is actively engaged in a Specialized Supportive Services activity.**

The participant's supportive services need may have contributed to the participant's failure to comply, and the participant may not have felt comfortable disclosing that they were receiving mental health, substance abuse, or domestic violence services to DPSS staff.

Mid-Term Goal

- G. Develop and train staff on an explicit CalWORKs/GAIN program philosophy which emphasizes active participation in employment, education/training, specialized supportive services and other welfare-to-work activities, (rather than sanctioning), as the key means to achieve the goal of self-sustaining employment.**

Having an explicit program philosophy will help all CalWORKs/GAIN staff and contractors focus their efforts on achieving the goals of the program. The training will include good cause and exemptions as well as prevention of inappropriate sanctions.

*Short-Term Goal-Develop philosophy
Long-Term Goal- On-going training*

- H. To assure that deregistered, sanctioned GAIN participants are given clear directions, and are properly assisted when they call to "cure" their sanction, a regionalized, centralized GSW will be assigned to assist them and:**

- Better instructions will be provided to GSWs/CCMs on how to assist deregistered, sanctioned participants,
- All GSWs/CCMs and EWs will have the phone number listing of all of the designated GSWs/CCMs,
- More information on how to cure sanctions will be provided on the PA 125, Monthly Notice to GAIN Participants Currently in Sanction Status, along with the phone number of the designated GSW/CCM.

Participants will be able to "cure" their sanctions expeditiously when additional instructions are provided.

Short-Mid-Term Goal - Various Actions

- I. Increase interaction between EWs and GSWs/CCMs to facilitate a more coordinated case management system. Pertinent information will be shared in order to provide participants with the most beneficial and appropriate services.**

More frequent interactions between CalWORKs eligibility and GAIN staff will help to enhance communication.

Long-Term Goal

Study of Sanctions Among CalWORKs Participants in the County of Los Angeles

Action Plan

II. RESEARCH FINDING: Evidence indicates communication issues between CalWORKs and GAIN staff, between LEADER and GEARS, between staff and participants, between participants and systems.

J. Identify current key CalWORKs and GAIN documents that are not specifically mandated as written by the State. Contract with a readability expert to review the forms as well as future forms, for clarity and appropriate grade level.

Participants indicated that they were unclear about why they were sanctioned and how to cure a sanction. Providing clearer information will reduce this problem.

Long-Term Goal

K. Modify and implement distribution of the WTW 26, Good Cause Determination Guidelines, and the WTW 27, Request for Good Cause Determination. The WTW 26, which provides information on "good cause," will be sent to non-compliant participants before they are sanctioned and the WTW 27, which provides information on how they can request "good cause" to cure a sanction, will be sent to sanctioned participants.

Participants are not always aware they have may have "good cause" for not participating in GAIN, or how "good cause" can be applied to curing their sanction.

Mid-Term Goal

L. DPSS and the Los Angeles Office of Education (LACOE) will develop a pilot to call participants prior to Job Club to remind them to attend.

LACOE staff may be able to motivate participants to attend Job Club by personally calling them.

Short-Term Goal

M. Translate all GAIN forms sent to GAIN participants into the threshold languages.

Translating all forms will ensure participants receive information in notices that are in their native language which will facilitate comprehension.

Long-Term Goal

N. Provide Welfare-to-Work brochure to participants that do not receive a visit from the HIP worker.

Participants that are employed or exempted from GAIN will not receive a visit from the HIP worker but may benefit from the information in the Welfare-to-Work brochure.

Mid-Term Goal

Study of Sanctions Among CalWORKs Participants in the County of Los Angeles

Action Plan

III. RESEARCH FINDING: Use of services, such as child care and transportation, reduces the risk of being sanctioned by 40 percent.

ACTIONS

- A. Facilitate use of child care and transportation services by providing information during the Intake process. The HIP worker will provide information and will assist the participant with accessing child care and transportation.**

Providing information and assisting the participant with child care and transportation during the intake process will help the participant prepare for Orientation.

Mid-Term Goal

- B. Provide participants with access to Child Care Coordinators in each CalWORKs District office prior to Orientation in order to find out how to access child care.**

Providing an additional resource on how to access child care before Orientation will help to ensure participants are able to make child care arrangements for Orientation.

Mid-Term Goal

- C. Develop a pilot, where DPSS will purchase child care slots at DPSS employee child care centers that are in close proximity to GAIN Regional offices, for use by children of GAIN participants during OAP appointments.**

Having pre-arranged child care slots available will assist participants that are not able to find one-day child care for orientation.

Mid-Term Goal

- D. Develop a pilot which will provide money for a one-day bus pass (\$3.00), for transportation in advance of the OAP appointment. The money can be used for gas in lieu of a bus pass, if appropriate.**

Providing participants with money for transportation before Orientation will reduce transportation as a barrier to attending Orientation.

Long-Term Goal

- E. DPSS will work with the Resource and Referral Agencies to develop a system to identify and provide referrals to GAIN participants for licensed child care providers that are willing to provide one-day or very short-term child care if they have a vacant space.**

Identifying providers that can provide short-term child care will assist participants with child care arrangements for OAP and other short-term WtW activities.

Mid-Term Goal

Study of Sanctions Among CalWORKs Participants in the County of Los Angeles

Action Plan

<p>IV. <u>RESEARCH FINDING:</u> Sanction rates vary substantially among GSWs/CCMs, indicating an inconsistent approach to case management.</p>
<p style="text-align: center;">ACTION</p>
<p>A. Produce reports that identify number of sanctions by GSW.</p> <p><i>Identifying staff with higher sanction rates than the average for GSWs/CCMs will allow managers to focus on determining if issues exist for specific staff.</i></p> <p style="text-align: right;"><i>Short-Term Goal</i></p>
<p>V. <u>RESEARCH FINDING:</u> Some participants are not happy with components of the GAIN flow, particularly Orientation and Job Club.</p>
<p style="text-align: center;">ACTIONS</p>
<p>A. Improve Orientation process by providing more information to participants about GAIN and GAIN services that are available. Materials will be updated with new program requirements.</p> <p><i>Giving participants more information that is potentially beneficial to them will encourage Orientation attendance and increase satisfaction.</i></p> <p style="text-align: right;"><i>Short-Mid-Term Goal- Various Actions</i></p>
<p>B. Identify more participants who would not benefit from Job Club and allow them to bypass the process to do vocational training or other welfare-to-work activities. This may include limited English proficient participants and participants who have previously attended Job Club.</p> <p><i>By evaluating participants on a more case-by-case basis for Job Club and allowing those who would not benefit from Job Club to bypass the process, GSWs/CCMs can increase participant satisfaction.</i></p> <p style="text-align: right;"><i>Mid- Term Goal</i></p>
<p>VI. <u>RESEARCH FINDING:</u> Participants who complete Job Club and subsequently receive training and participants in Self-Initiated Programs (SIPs) are less likely to be sanctioned than participants who only complete Job Club.</p>
<p style="text-align: center;">ACTIONS</p>
<p>A. Increase numbers of participants referred pre- and post-assessment to vocational training, paid work experience and education.</p> <p><i>Individuals that obtain higher level of skills or education are more likely to earn a better wage and less likely to be sanctioned.</i></p> <p style="text-align: right;"><i>Long-Term Goal</i></p>

Study of Sanctions Among CalWORKs Participants in the County of Los Angeles

Action Plan

VII. RESEARCH FINDING: Many individuals who are sanctioned need procedures that will facilitate the curing of their sanction.

ACTIONS

A. At least one GSW/CCM in each GAIN Region will be designated to receive calls from deregistered, sanctioned GAIN participants and will assist them with the actions that need to be taken to cure the sanction.

Providing a centralized GSW/CCM in each region will enable participants to receive the immediate information needed to cure their sanction.

Short-Term Goal

B. GSWs/CCMs will interact with sanctioned participants when they come to the CalWORKs district office for their annual redetermination appointment in order to re-engage participants in the WtW process, subject to the availability of GSWs in the CalWORKs district offices for this activity. The first priority of the GSWs in the district offices is to assist homeless CalWORKs participants.

This additional contact with participants will encourage some to cure their sanction and participate in the welfare-to-work program.

Mid-Term Goal

C. Conduct home call to sanctioned participants. This includes re-engaging sanctioned participants in WtW activities.

The purpose of this intervention is to assist participants in resolving issues/barriers related to the sanction and re-engage participants in GAIN activities.

Short-Term Goal

VIII. Other Actions to Prevent and/or Reduce Sanctions.

ACTIONS

A. DPSS will establish a system with Specialized Supportive Service Providers and GSWs/CCMs to ensure participants that are actively engaged in specialized supportive services do not have compliance/sanction initiated and/or implemented.

Automation changes to flag the participants who are receiving Specialized Supportive Services will eliminate them from being sanctioned.

Mid-Term Goal

B. Action will be taken so that participants who are employed full-time are not sanctioned.

Automation changes to flag the participants who are employed full-time will eliminate them from being sanctioned.

Mid-Term Goal

**Study of Sanctions
Among CalWORKs Participants in the County of Los Angeles**

Action Plan

VIII. Other Actions to Prevent and/or Reduce Sanctions.

ACTIONS

- C. Secure a business consultant to review the processes in the GAIN program, including contractors, for the goal of facilitating participation.**

Obtaining outside, objective evaluation of the GAIN processes may facilitate participation in the various WtW activities.

Long-Term Goal

- D. Prevent sanctions for homeless participants, since State law grants homeless participants good cause for non-participation.**

Automation changes to flag the participants who are homeless will prevent them from being sanctioned.

Mid-Term Goal

- E. Ensure review of the 30 Day Delinquent reports by WtW staff to ensure participants are assigned to the appropriate activity.**

Active utilization of this report will help ensure that participants are not spending time in the program without being assigned to an activity.

Short-Term Goal

- F. Explore the feasibility of reducing GSW caseloads for designated WtW population/activities and addressing such reduced caseloads in the budget.**

Reducing designated caseloads would provide GSWs/CCMs more one-on-one time for interaction with participants which would permit more individual attention to resolving participants' barriers.

Long-Term Goal



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DAVID E. JANSSEN
Chief Administrative Officer

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First District

YVONNE B. BURKE
Second District

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Third District

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Fourth District

MICHAEL D. ANTONOVICH
Fifth District

January 5, 2006

To: Mayor Michael D. Antonovich
Supervisor Gloria Molina
Supervisor Yvonne B. Burke
Supervisor Zev Yaroslavsky
Supervisor Don Knabe

From: David E. Janssen
Chief Administrative Officer

REPORT ON COUNTY EFFORTS TO PREVENT/REDUCE HOMELESSNESS IN LOS ANGELES COUNTY

On January 4, 2005, your Board directed the Departments of Public Social Services (DPSS), Children and Family Services (DCFS), Mental Health (DMH), Health Services (DHS), Community and Senior Services (DCSS), Probation, and Sheriff to report back to your Board within 60 days on departmental discharge policies and procedures. Departments were also instructed to identify barriers to successful implementation of policies and procedures and to identify plans to add or modify policies and procedures to ensure discharge of persons from County institutions to appropriate housing and connection with services. In addition to the initial report on discharge policies, your Board directed the my office, through the Service Integration Branch (SIB), to convene one or more meetings of the above-referenced departments, along with the Community Development Commission, Regional Planning, Military and Veteran Affairs, and the Los Angeles Homeless Services Authority, to discuss coordination of the discharge practices among County departments and enhancement of service integration for the benefit of at-risk and homeless persons. Your Board directed SIB to report back within 120 days on the discharge policy coordination and enhanced service integration.

On March 10, May 6, and July 11, 2005, my office provided status reports that informed you of ongoing meetings and identified the efforts to date. The reports also included a Discharge Policies matrix which was updated to incorporate additional information as it became available. Three overarching factors contributing to the crisis of homelessness were made clear: 1) the lack of permanent, affordable housing; 2) insufficient resources

and funding to help clients achieve and sustain self-sufficiency; and 3) the severe psycho-emotional impairment of clients related to and exacerbated by substance abuse and/or mental illness. The reports mapped out the goals of the Work Group related to what needed to be accomplished and a plan for achieving the goals.

This collaborative effort clearly demonstrated the duplicative efforts of multiple groups (e.g., the Prevention and Mainstream Systems Work Group of the Bring LA Home Project, the Mental Health Services Act (MHSA) planning process, and the New Directions Task Force Special Needs Housing Alliance), which involve many of the same departments and representatives and, in some cases, result in the same recommendations. The Discharge Policies Work Group recognized the need to ensure duplicative activities are minimized and efforts are well coordinated and aligned to maximize resources.

The Discharge Policies Work Group developed a list of 33 proposed priority actions to reduce homelessness of persons discharged from County institutions. The recommendations are included in the Discharge Policies Matrix (Attachment I). Pertinent elements of the discharge recommendations have been strategically combined with the work of a group led by DPSS, including staff from DMH, DHS, DCFS and my office, which developed recommendations focused on the Skid Row chronic homeless population. The resulting product is described in Attachment II, *Actions to Prevent and Reduce Homelessness in Los Angeles County*, which identifies a series of linked recommendations to deal with the chronic homeless population. Your Board conceptually endorsed these recommendations on December 20, 2005, noting that you would not consider approving the recommendations until information on the implementation costs was provided. Staff has not completed compiling implementation costs and time line information for all of the Discharge Policies recommendations, including some major recommendations; however, the matrix does provide cost assessments and time lines for many of the recommendations.

DPSS convened a Skid Row work group, noted above, and submitted reports, including a series of recommendations to your Board, on October 20 and November 17, 2005. The final report will be submitted to your Board on January 17, 2006.

In addition, it is important to note that DMH's MHSA Community Services and Support (CSS) plan, as approved by your Board on October 11, 2005, will utilize resources available through MHSA to provide services to individuals with mental illness who are homeless or at risk for homelessness. These services are outlined in Attachment I and include: Full Service Partnerships which will support a number of the discharge operations; Service Area Navigator Teams; establishment of a special Housing Fund; housing specialists for each Service Planning Area (SPA); and an expanded capacity for residential programs that provide integrated treatment for co-occurring mental illness

Each Supervisor
January 5, 2006
Page 3

and substance abuse. Final State approval of the plan and funding is expected within the next 30 days. As noted above, these new programs will be coordinated with the efforts of other departments to maximize available resources.

In an effort to align the multiple homeless activities, we have also considered your Board's approval of Mayor Antonovich's November 29, 2005 motion regarding Skid Row and DHS patient discharges. Directions issued within that motion as they relate to discharge are integrated into the review of DHS, DMH, and Sheriff discharge policies/protocols and are addressed by recommendations developed by the Discharge Policies Work Group. The direction in that motion to review the feasibility of a pilot program placing DPSS eligibility workers on-site at County Medical Centers, is being assessed through a survey of all patient releases between December 15, 2005 and January 15, 2006, to measure the need. The issue of resources will be addressed according to the results of the survey. In addition, the response to the direction to provide an update of the DHS Homeless Coordinator's Homeless Services Action Plan will be provided separately by DHS.

On February 28, 2006, DPSS, DCFS, DHS, DMH, Probation, Sheriff, CDC, and CAO will file a joint Board letter requesting your Board's approval of the recommendations conceptually approved by your Board on December 20, 2005, cost assessments, and timelines developed by the efforts described above. If approved, departments will begin actions to implement the recommendations. If you have questions or need additional information, please contact me, or your staff may contact Lari Sheehan at (213) 893-2477 or lsheehan@cao.co.la.ca.us.

DEJ:LS
KH:MDC

Attachments

c: Leroy D. Baca, Sheriff
David B. Sanders, Ph.D., Department of Children and Family Services
Thomas Garthwaite, M.D., Department of Health Services
Marvin Southard, DSW, Department of Mental Health
Bryce Yokomizo, Department of Public Social Services
Paul Higa, Probation Department
James E. Hartl, Regional Planning
Cynthia Banks, Community and Senior Services
Joseph N. Smith, Department of Military and Veterans Affairs
Mitchell Netburn, Los Angeles Homeless Services Authority



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Proposed County-wide Regional Homeless Centers (Stabilization Centers)

January 2006

1. **Motion** Proposed by Los Angeles County Board of Supervisors

December 20, 2005: "Create regional stabilization centers to serve persons discharged from County jail with no identified place to go as well as to provide an alternative to jail for law enforcement who arrest a homeless person with mental illness and/or substance abuse for a minor offense. Mental health, substance abuse, social service, and economic support services would be provided at the stabilization centers by teams of experts. Additionally, each person served through the stabilization centers would be connected with appropriate supportive housing prior to leaving the centers."

2. **Vision**

Add stabilization center components to existing County-wide Homeless Access Centers. A Regional Homeless Center will be located in each County Supervisorial District, and become a full-service, one-stop center for homeless service referrals, homeless response teams (Street Outreach), law enforcement connections, medical facility discharge, and public referrals. These centers will be open 24 hours, seven days per week.

3. **Target Population**

- a. People who are chronically homeless on the streets of Los Angeles County.
- b. Homeless people referred by other homeless or social service agencies.
- c. Public referrals by public and private community entities.
- d. Walk-ins who identify themselves as homeless or at-risk of being homeless.
- e. Homeless persons with mental illness and/or substance abuse who are arrested for minor offenses and are in need of service connection.
- f. Persons who are discharged from County jail who have no place to go, other than the streets.
- g. Persons leaving the County medical care system.

4. **Basic Minimum Services Provided By Regional Homeless Centers**

- a. Interim Housing (Emergency Shelter)
 - i. Provide an emergency bed for up to 30 days.
 - ii. Provide a clean and secure environment that includes food, clothing, bathing facilities, and emergency housing.

- iii. Provide case management services that will assist a person in developing a short-term plan for housing, healthcare, employment, and other
- b. Mental Health Care
 - i. Provide mental health counselors who can stabilize people at the centers. (If law enforcement deem a person unstable enough to threaten oneself or others at the facility, they will take them in custody for 72 hours –also called a “5150”).
 - ii. Provide a stable environment with a clean and secure shelter bed.
- c. Substance Abuse Treatment
 - i. Provide a substance abuse treatment counselor who can stabilize people at the centers. (Person must be deemed stable enough not to threaten oneself or others at the facility.)
 - ii. Provide a stable environment with a clean and secure shelter bed.
- d. Housing Placement Specialists, Housing Data Base, “Homeward Bound”
 - i. Provide housing placement specialists who will assist persons in locating transitional and permanent housing.
 - ii. Assist clients in locating affordable housing, credit counseling, tenant rights, rental agreements, and moving.
 - iii. Each Regional Homeless Center will have a data base that contains affordable housing availability, transitional housing availability, Section 8 landlords, social service providers, etc.
 - iv. “Homeward Bound” program is a family reunification program that helps a person return to their family and community. The program would fund transportation costs.
- e. Employment Services
 - i. Provide employment specialists who will assist people in job readiness, job skills training, employment coaching, and linkage to community employers.
 - ii. Provide money-management training.
- f. Referral Services
 - i. Access to public benefits.
 - ii. Provide access to onsite or offsite social services. This would include: family services, legal services, homeless court, HIV/AIDS counseling & testing, Traveler’s Aid (family reunification), veterans services, mail services, GED education, etc.

5. Timeline

- a. Current Homeless Access Centers are operational. However, many do not have the capacity to be Regional Homeless Centers immediately.
- b. Set up pilot project(s) with one (or two) larger Homeless Access Centers.
 - i. This could be accomplished within 3 to 6 months. (If the funding is available.)
 - ii. Possible pilot sites that currently have emergency shelter and full services on-site:
 - 1. PATH Mall – East Hollywood, outside of Downtown Los Angeles.
 - 2. Midnight Mission – Central City East (Skid Row).
 - 3. Ocean Park Community Center/SAMOSHEL – Santa Monica
- c. Develop five Regional Homeless Centers, one in each Supervisorial District.
 - i. This could be accomplished within 12-18 months. (If the funding is available.)

- ii. A capacity assessment of the current Homeless Access Centers would need to be done.
- iii. Setting up capacity means contracting with service agencies specializing in specific areas (mental health, substance abuse, housing placement, and employment) who would locate at each Center.

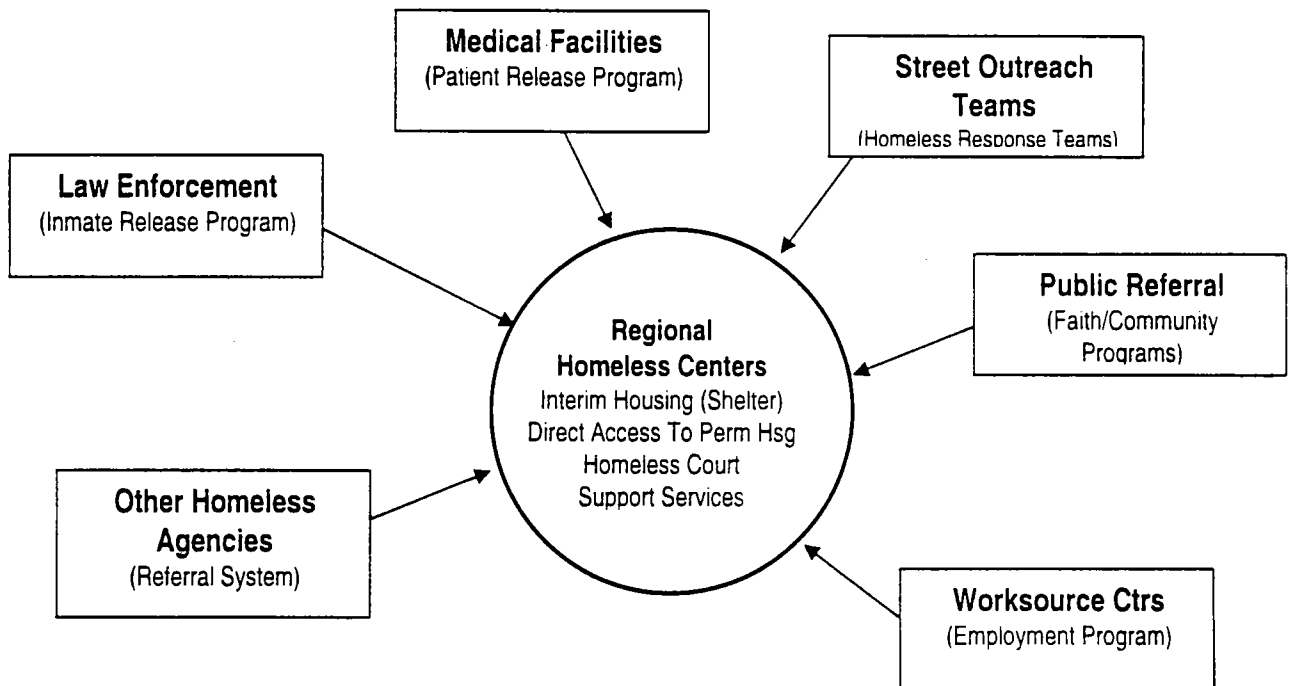
6. Funding

- a. When such a system is developed, cost savings from unnecessary emergency room visits and incarceration could help fund establishing this new system.
- b. Emergency beds could be "rented" at existing emergency shelters until new emergency shelter beds are added to the system.
- c. Existing Homeless Access Centers are currently funded by the Department of Housing and Urban Development's Supportive Housing Program (SHP). These centers are funded at approximately \$300,000 to \$400,000 per year. Nonprofit groups are required to provide matching funds (approximately 25%).
- d. Existing and New supportive services (mental health, substance abuse, employment) could be funded through other departmental funds.

7. Budget

- a. See draft budget worksheet.
- b. Section A budget describes the Access Center budget. Most of this budget is funded through HUD SHP funding.
- c. Section B budget describes the new Stabilization Center component. This would be new funds. Stabilization Center budget is larger than a typical Access Center budget because it operates 24 hours per day, seven days per week (168 hours per week.) An Access Center is typically open eight hours per day, five days per week (40 hours per week.)

8. Sample Flow Chart



Homeless Access Centers/Stabilization Centers

Worksheet

Target Population	Minimum Onsite Services Needed	Referral Offsite Services Needed**	Resources Needed	Cost	Outcomes
Section A. Existing Homeless Access Centers					
Chronic Homeless on the Streets	Case Management	Interim Emergency Shelter	Each Access Center is different.	Funded by HUD SHP grants	<i>A specific number of people in case management</i>
Homeless referred by other agencies	Food/Clothing	Mental Health counseling	Some are full-service one-stop centers.	Referral services are funded by specific grants.	<i>A specific number of people referred into transitional housing</i>
Public Referrals (faith/business community)	Showers	Employment Services	Others are referral centers.		<i>A specific number of people placed in permanent housing</i>
Walk-ins	Rest Rooms	Homeless Court	Resources needed depend on each Access Center		
	Referral System	Medical Care	Centers typically operate regular business hours--5 days per week.		
		Substance Abuse Treatment			
		Access to Public Benefits			
		Family Services			
		Legal Services			
		HIV/AIDS Counseling & Testing			
		Traveler's Aid			
		Access to Permanent Housing			
		Veterans Services			
		Mail Services			
		GED			
		** Each center is different. Some centers have these offsite services onsite.			

Target Population	Minimum Onsite Services Needed	Referral Offsite Services Needed	Resources Needed	Cost	Outcomes
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Section B. Proposed Stabilization Centers Linked to Access Centers

<u>Law Enforcement:</u> 1. Alternative instead of booking homeless persons with mental illness and/or substance abuse who are arrested for minor offenses and are in need of service connections 2. Persons who are discharged from County Jail system who have no place to go, other than the streets <u>Other Discharges:</u> 3. Persons leaving the medical care system	Mental Health Counselor (and medication?) Substance Abuse Counselor Interim Emergency Bed Access to other homeless services Center to be open 24 hours per day, 7 days per week Food/Clothing Showers Rest Rooms Referral System	Same as Access Centers	Mental Health Counselor (3 shifts per 24 hour period) Substance Abuse Treatment Counselor (3 shifts per 24 hour period) 24 hr Security (already established in Access Centers) 15-30 Shelter Beds	See budget below	<i>Stablize person for up to 72 hours</i> <i>Transition them into Transitional Housing or Permanent Supportive Housing</i> <i>Mainstream them into homeless service system</i>
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ACTIONS to PREVENT and REDUCE HOMELESSNESS in LOS ANGELES COUNTY

The Departments of Public Social Services, Mental Health, Health Services, Children and Family Services, and Sheriff, Chief Administrative Office, and Community Development Commission, propose the following priority actions to prevent and reduce homelessness in the County.

Proposal

1) Create 24-hour, multi-disciplinary/interdepartmental Stabilization Centers

Create strategically-located Stabilization Centers throughout the County to be used by law enforcement as an alternative to booking homeless persons with mental illness and/or substance abuse who are arrested for minor offenses and who are in need of service connections. The Stabilization Centers would be equipped to provide short-term shelter and assist persons to connect with appropriate supportive services. In addition, the Stabilization Centers would serve persons who are being discharged from County jails and have no identified place to go.

Stabilization Centers would be staffed with mental health, health, substance abuse, and social service experts who would deal with current issues and seek to arrange for appropriate housing with supportive services upon discharge.

2) Create Homeless Courts

Work with Superior Court to establish a number of Homeless Courts with the goal of quickly diverting mentally ill homeless offenders, who may have co-occurring substance abuse issues and frequent contact with the criminal justice system, out of the criminal justice system and into appropriate mental health treatment at the earliest possible point after arrest. Homeless Courts are also critical to achieving the outcomes desired for the Stabilization Centers by issuing a potential court order remanding an arrested homeless person to a Stabilization Center. (Homeless Courts could be located at the Stabilization Centers.) Without court intervention/direction, it may be difficult to get homeless offenders to enter the Stabilization Centers and thereby connect with needed services.

The courts would be staffed by judges, and personnel from the District Attorney, City Attorney, Public Defender, court monitors, i.e., Homeless Court liaisons, Probation Department, and law enforcement.

3) Create a Housing Data Base

This data base would serve as a tool for social workers and housing locators by assisting them with service and housing opportunity referrals. The data base would be populated with a complete, real-time listing of: completed affordable housing developments, those under construction, as well as market rate housing located throughout Southern California; listings for Section 8 landlords, owners, and managers of affordable housing developments;

landlords of private market rentals; and locations of health and human services providers per geographic region including a list of the services provided at the sites. The data base would work in concert with a toll free call center that helps landlords list and tenants search for properties, while providing continuous property availability updates.

The consultant providing the data base service would host and maintain the service and work closely with a liaison knowledgeable of County services, housing availability, and housing needs for County clients. The liaison would have a central point of contact at County health and human services departments and would then provide ongoing updates of data to the host agency based on information provided by departments.

4) Housing Locators/Housing Specialist

Instruct all discharging departments or groups thereof, to establish at least one Service Planning Area (SPA)-based team of housing locators/specialists in each SPA responsible for helping clients of the County's health and human services departments overcome barriers to obtaining permanent housing. The locators/specialists would rely heavily on the data base described under action #3 with the development and cultivation of a network of Section 8 landlords and would assist clients with: a) locating affordable housing and services; b) credit counseling; c) educating clients regarding tenant's rights; and d) assisting clients with rental agreements and moving. The housing locators would remain accessible to the individual landlord and client once he/she/family has moved into a housing unit.

5) General Relief (GR) Housing Subsidy and Case Management Pilot

The pilot would serve approximately 1,300 homeless General Relief (GR) participants and would provide \$336 for rent. The payment would include \$200 per month in rental subsidy per client, which would be coupled with at least \$136, paid from the GR grant, that the participant would be required to use for rent. Participants in the pilot would also receive case management and, as needed, mental health and substance abuse treatment services. The pilot would target GR participants who are seeking employment, pursuing SSI benefits, or chronically homeless.

6) DPSS Applications at County Jails

Currently, DPSS takes benefit applications at the Twin Towers Correctional Facility for inmates about to be released who were on SSI prior to their incarceration, or for those deemed potentially eligible for SSI. DPSS is exploring the possibility of expanding this project to include other aid programs and/or other categories of inmates, and/or other jails. DPSS could outstation additional DPSS staff at the Twin Towers and/or Men's Central Jail to assist individuals exiting jail in applying for CalWORKs, GR, Food Stamps, and Medi-Cal benefits.

7) DPSS Applications at County Medical Centers Pilot

DPSS proposes to co-locate Eligibility Workers (EWs) at two County Medical Centers to assist homeless individuals and those at-risk of homelessness who are being discharged from the Medical Centers in applying for CalWORKs, GR, Food Stamps, and Medi-Cal benefits. If the pilot is successful, EWs could then be co-located at all County Medical Centers. (Note: Implementation of this pilot is contingent on the results of a survey currently being conducted at all County Medical Centers to determine the number of homeless patients who may be eligible for DPSS benefits.)

**DISCHARGE POLICIES WORK GROUP
DISCHARGE POLICIES RECOMMENDATIONS**

Department	Recommendation	Cost Assessment	Time Line	Comments
<i>Sheriff's Department</i>				
1. <i>Sheriff. Stabilization Centers</i>	Create 24-hour, multi-disciplinary/interdepartmental Stabilization Centers with short-term shelter beds, one in close proximity to the Central Jail and others located regionally. It is intended that the Stabilization Centers will serve two homeless or at-risk homeless populations: 1) those being released from County Jail with no identified place to go; and 2) homeless persons with mental health and/or substance abuse issues who have been arrested for minor offenses. The purpose of the Stabilization Centers is to provide temporary housing and triage of these homeless persons and then connect them with more permanent housing and health and human services programs.	<p>Sheriff is exploring the possibility of funding coordination efforts via Mental Health Services Act (MHSA) funding; however, County General Fund contribution will probably be needed.</p> <p>The People Assisting The Homeless (PATH) Chief Executive Officer has provided a definition and an estimate of the costs for the provision of an "ideal" Stabilization Center. This ideal model builds on the use and expansion of an existing regional homeless access center. There are currently 18 such centers in the County which are generally funded through HUD Supportive Housing Program Funds. The PATH paper is attached (Exhibit A) and will serve as a point of departure for the work group described in the Comments section to the right.</p>	Long-term (over six months).	A work group consisting of private homeless service providers and County departments (Sheriff, CDC, CAO, DHS, DMH, DPSS) has been convened to develop the cost and time line for implementation. Initially, it is intended to implement five Stabilization Centers; one in each Supervisorial District. To build on existing infrastructure, the work group will consider expanding existing regional Homeless Access Centers and/or drug/alcohol Community Service Access Centers as Stabilization Centers. The Work Group's first meeting was held on January 4, 2006.
2. <i>Sheriff (Superior Court): Homeless Courts</i>	Create Homeless Courts, in partnership with Superior Court, possibly located at Stabilization Centers. The purpose of the Homeless Courts is to quickly divert homeless persons with mental illness and/or substance abuse issues who are arrested for minor offenses from jail into appropriate treatment and housing.	Annual administrative cost estimated at \$80,000.	Long-term (over six months)	A work group has been established to develop the plan for creating the courts. The work group will include Superior Court, District Attorney, Public Defender representatives as well as the Sheriff, CAO, DMH, and private parties such as the Public Counsel.
3. <i>Sheriff (DMH): Inmates with Mental Illness</i>	Identify additional funding streams to offset the cost of mental health prescriptions for inmates; and develop a pre-release protocol with DMH to ensure that released inmates do not experience "gaps" in	Sheriff is exploring alternative funding options.		Sheriff currently funds medications in the jail. DMH conducts assessments of inmates with mental health needs.

**DISCHARGE POLICIES WORK GROUP
DISCHARGE POLICIES RECOMMENDATIONS**

Department	Recommendation	Cost Assessment	Time Line	Comments
4. <i>Sheriff (DCFS):</i> Title IV-E	medication upon discharge. Explore the possibility of identifying jail inmates who are former foster youth (ages 18-21) and who were in the foster care system on or after their 16 th birthday) through the Sheriff's Jail Inmate Classification System (JICS). Once identified, these inmates will be provided with information materials regarding Transitional Resource Centers, services and benefits for which they may be eligible.	Sheriff is exploring the possibility of adding a question regarding an inmate's former foster care status to its classification process. Costs to be identified.	Short-term (less than six months).	DCFS materials that identify program benefits are currently available and can be provided to potentially eligible persons.
5. <i>Sheriff:</i> Connecting Homeless Female Inmates with Their Children	Expand on model that allows homeless female inmates to live with their child(ren) for two days/nights to experience a "family living situation" and prepares them for successful discharge. Program to include academic classes, parenting skills, and participation in job training and incentive programs. (Paul Newman Foundation for Homeless Women funds similar models.)	Total additional staffing needs are estimated at a cost of \$1.7 million: 7 Deputies 15 Custody Assistants 1 Supervising Nurse 1 Nurse Practitioner 1 Staff Nurse	Budgetary issue: Consider during 2006-07 Budget Deliberations.	Improves the ability of homeless female inmates to become successful parents.
6. <i>Sheriff:</i> Job Training	Create mini-career centers within the County jails/Pitchess Detention Center modeled after DPSS' GAIN program and the LA Works Mini-Career Center.	Sheriff has \$50,000 set aside per year, for three years.	Short-term (three months).	Funds will be disbursed within 30-days to LA Works to create a mini-career center in the jail targeting the high rate of unemployment of inmates transitioning from the jail system.
7. <i>Sheriff:</i> Community Transition Unit Staffing	Increase staffing for the Sheriff's Community Transition Unit (CTU), to improve assistance with transition of inmates from custody to the community (i.e., discharge, including follow-up with inmates post release). Develop partnerships/collaborations with other County departments that have resources to assist with the Sheriff's diverse population. Continue to seek collaboration with organizations that embrace Sheriff clients; seek to assure Sheriff discharge plans include linkages to essential housing, and other community services and support.	Total additional personnel needed to expand program are estimated at a cost of \$4.7 million: 45 Custody Assistants 4 Sergeants 2 Psychiatrists 2 Nurses 2 Social Workers 2 Supvg. Operations Assist I 5 Admin. Services Manager III's	Budgetary issue: Consider during 2006-07 Budget Deliberations.	Funding will help fill the gaps in the transition process that have been identified. For example, the CTU would be expanded to all jail facilities (CRDF where the females will be housed and released, Pitchess North, Pitchess East, NCCF) to allow those inmates to be case managed properly. Currently, the CTU is only downtown and is not 24-hours per day. Funding would allow for better discharge planning, including a psychiatrist, nurse, and social worker available to ensure that the transition from jail is comprehensive and successful. Funding would also allow the Sheriff to link and collaborate well with other agencies and to be an effective partner in efforts dealing with homelessness, HIV issues, substance abuse, benefits, etc. Currently, many agencies work with inmates in and out of the jails, but effective partnership and collaboration is lacking.

**DISCHARGE POLICIES WORK GROUP
DISCHARGE POLICIES RECOMMENDATIONS**

Department	Recommendation	Cost Assessment	Time Line	Comments
8. <i>Sheriff (DHS, DPSS, DCFS, DMH, Military and Veteran's Affairs):</i> Outreach Teams	Implement multi-departmental/agency outreach teams, including law enforcement, Public Health, DMH, a Clinician from Skid Row Homeless Healthcare Initiative, and nonprofits (e.g., LA Mission), to engage homeless clients who are unable or unwilling to seek services. The segment of this population that also have mental illness will be the focus for DMH's Full Service Partnerships. Programs that receive Full Service Partnership funds for this population will be hiring staff that will be doing intensive outreach and will be part of these teams.	Outreach workers hired by Full Service Partnership Programs will be funded by MHSA funds. It is estimated that this funding will be available in March 2006. DMH plans to enroll approximately 565 individuals who are homeless and have a mental illness into Full Service Partnerships at any given time at an average cost of \$15,000 per individual annually. Sheriff has estimated the annual cost of the mobile outreach vehicle to be \$165,000. (See "Comments")	Short-term: Full Service Partnership Program to be implemented in March 2006.	Details are currently being worked out in relation to appropriate staffing, costs, funding offsets, etc. It is recommended that the team operate, at a minimum, for three days per week, four hours per day. The Sheriff has volunteered to provide, at cost, a truck/trailer as well as a deputy to serve as driver/security that can be used as a mobile outreach vehicle. DMH will work with its existing AB 2034, and ACT programs, MET/SMART, PMRT, and Service Area Navigators to coordinate outreach and engagement for this population. Service Area District Chiefs will coordinate this effort with the communities in their Service Areas. Client street outreach and engagement is best done by Full Service Partnership Programs that have use of Client Supportive Services Funds. This goes beyond the limits of a Service Area team and its resources. DCFS will coordinate services with the other named departments.
9. <i>Sheriff:</i> Maintenance of Supplemental Social Security (SSI) Insurance Benefits and Coordination of Benefit Receipt with Jail Transition Services	Develop pre-release agreements with the Social Security Administration (SSA) to implement a "pre-release procedure" that establishes eligibility for SSI payments upon release from custody. The pre-release procedure applies to penal institution cases. Ensure ongoing collaboration between organizations related to jail transition, to ensure that an inmate's benefits/income, housing, and interactions with the justice system are coordinated to ensure a successful transition.	Sheriff is exploring the possibility of funding coordination efforts via MHSA funding. However, this issue is important enough to request County General Fund support for a staff position in the Sheriff's CTU dedicated to establishing coordination/ collaboration protocols with the SSA and other organizations involved in jail transition.	Short-term (less than six months) Budgetary issue: Consider during 2006-07 Budget Deliberations.	Sheriff to provide details of how they will successfully re-establish SSI benefits for discharged inmates who received benefits prior to incarceration. For example, the Sheriff's CTU processes SSI paperwork prior to release to ensure \$200 in benefits is received by the inmate upon discharge. Sheriff would like a position assigned to the CTU and dedicated to liaison with SSA and other organizations and agencies involved in jail transition. This recommendation is consistent with recommendations coming out of the SSI/SSDI Outreach, Access and Recovery (SOAR) process, a Federally-funded technical assistance program to improve access to SSA Disability Benefits.
10. <i>Sheriff (DMH):</i> Homeless Transportation Program for Mentally Ill	Expand contracts with service providers to transport discharge clients to specific housing and support service situations. Initial expansion would be with the Volunteers of America (VOA) to increase transportation service from the jail on a 24/7 schedule and to a wide array of area community service providers.	\$99,000 from Inmate Welfare Funds to fund one year pilot with the VOA to be administered by the Inmate Reception Center (IRC); downtown LA service. The estimated cost for the expansion to all Supervisorial	Short-term (less than three months). Long-term (over six months)	In 2000, the Volunteers of America (VOA) and the Sheriff's CTU worked together to create a program where VOA would provide transportation from the IRC to the VOA Drop-in Center in downtown Los Angeles throughout the day and night. Pickup times were posted throughout the release area. In 2003, VOA applied for a pilot project to expand the transportation program. This would include

**DISCHARGE POLICIES WORK GROUP
DISCHARGE POLICIES RECOMMENDATIONS**

Department	Recommendation	Cost Assessment	Time Line	Comments
		Districts is approximately \$400,000 annually.	Budgetary issue: Consider during 2006-07 Budget Deliberations.	<p>those individuals who had identified appointments or places to go to when released from the jail so that they were not released with nowhere to go.</p> <p>VOA will receive \$99,000 to increase transportation service from the jail on a 24/7 schedule and to a wide array of area community service providers.</p> <p>While it is estimated that VOA currently serves individuals from all Supervisorial Districts, the Sheriff would eventually like to see a driver assigned to each District that coordinates with the courts.</p>
Department of Health Services				
11. <i>DHS:</i> Social Worker Training – Systems Navigators	Provide ongoing training to social workers in each County hospital on resources (housing, shelter, community-based organizations (CBOs), interfaith groups, etc.); and ensure that an accurate assessment of housing, health care, and support needs of individuals with no fixed address is completed prior to discharge.	Two full-time equivalent (FTE) positions for four facilities at \$61,424 per year per Clinical Social Worker.	Need approximately six months to hire and train. Curriculum still in development; need to collaborate with Hospital Council.	
12. <i>DHS:</i> Social Security Administration (SSA)/DHS Liaisons	Hire two SSA/DHS liaisons to cover the four DHS Healthcare Networks to initiate, streamline, and follow-up on DHS client SSI applications and to assist SSA and Disability Determination Services (DDS) by accessing and submitting appropriate medical records for SSI application processes.	Approximately \$190,000 per year (\$65,000 for salary and benefits for each liaison; \$30,000 for administrative costs).	Long-term (12 months).	
13. <i>DHS:</i> Residential Treatment and Recovery Beds	Increase the number of residential treatment and recovery beds to provide ready access for homeless persons.	Residential treatment services on Skid Row average \$42 per bed, per day, or \$15,120 annually. This basic rate will significantly increase based on type of service provided and population served.	RFP would take approximately one year to complete from writing it to the beds actually being available for use.	<p>DHS Alcohol & Drug Program Administration (ADPA) currently contracts with CBOs to provide, among other things, approximately 2,000 alcohol and drug program treatment beds Countywide. It also provides partial funding for the County-operated Antelope Valley Rehabilitation Center's 500 bed residential treatment programs.</p> <p>All beds are routinely full and all programs usually have waiting lists for admission. In addition, many of these beds are committed to other County</p>

**DISCHARGE POLICIES WORK GROUP
DISCHARGE POLICIES RECOMMENDATIONS**

Department	Recommendation	Cost Assessment	Time Line	Comments
				departments that have also provided funding. Therefore, in order to have beds that are readily accessible by homeless persons, additional beds need to be developed.
Department of Mental Health				
14. DMH: Children's Inpatient Clinical Case Management (CCIM) Unit	Increase CCIM unit's staffing resources to allow more intensive and timely consultation services prior to client discharge, which will help to ensure that individuals under 18 are discharged to stable housing and linked to mental health services.	<p>Proposed staff at a cost of \$600,000 per year is:</p> <ul style="list-style-type: none"> 4 Psychiatric Social Workers 1 Mental Health Counselor 1 Registered Nurse 2 Supervising Psychiatric Social Workers 1 Intermediate Typist Clerk <p>It is anticipated that 80-90 percent of these costs would be offset by Medi-Cal revenue. Approximately 50 percent of the cost would be offset with Medi-Cal Federal Financial Participation (FFP) for individuals with Medi-Cal. The remaining funding would need to be identified for the program. MHSA will not fund this expansion.</p>	Short-term (less than six months) contingent on hiring time lines.	Increased resource development should be a primary feature of any plan to address potential for homelessness with this population (i.e., including access to in-home mental health services, respite care, increased benefits establishment, and specialized residential placements).
15. DMH: Safe Havens	Develop two Safe Havens, as defined by HUD, for clients who are chronically homeless and mentally ill who are not connected to any mental health services and for whom traditional housing services have not been effective.	MHSA plan submitted to the State included \$1 million for services and operational costs to support the development of two new Safe Havens. Funds should be available in January 2006.	Long-term (implementation to begin March 2006 with completion in late 2007).	Safe Havens (25 beds each) provide a permanent, low demand (not a lot of rules) housing option that targets people who have been unsuccessful in other housing options or have not been previously engaged in mental health services and supports.
16. DMH: Patients' Rights	Increase the number of Patients' Rights Advocates to provide advocacy and linkage services to mental health clients who are located in Men's Forensic Outpatient Program (FOP-all pods) at the jail and the Women's Jail.	DMH is planning to provide two full-time Mental Health Coordinator II positions, funded by MHSA, at a cost of	Short-term (less than six months).	This will link with the Outreach Teams: See Item 8 under Sheriff and DMH Item 17. This will link with the "Inmates with Mental Illness:" See Item 3 under Sheriff.

**DISCHARGE POLICIES WORK GROUP
DISCHARGE POLICIES RECOMMENDATIONS**

Department	Recommendation	Cost Assessment	Time Line	Comments
		\$147,110 per year.		
17. <i>DMH (Sheriff):</i> Full Service Partnerships	Ensure that inmates are assessed for, and linked to, the Full Service Partnerships. The MHSA plan includes jail transition and linkage services. The jail linkage team will outreach, engage, and enroll incarcerated individuals diagnosed with mental illness into appropriate mental health services and supports including Full Service Partnerships.	To be funded by MHSA funding in January 2006. The plan includes \$796,000 to hire jail linkage staff. DMH plans to enroll 450 individuals directly from the jail in Full Service Partnerships at any given time, beginning in March 2006, at an average cost of \$15,000 per individual. In addition, an average of 300 individuals are currently enrolled from the jail in AB 2034 at any given time at a cost of \$11,000 per individual.	Short-term (less than six months), possibly by April 2006.	Currently in the development stage. Full Service Partnerships provide a wide array of services and support to help individuals (e.g., housing services, employment services, peer support services, and integrated mental health services, for individuals with co-occurring mental health and substance abuse disorders). There is a commitment to partner with individuals and families, where possible and appropriate, to identify the needs and preferences of the client as the foundation for the plan that will promote the individual's recovery and wellness. This will link with the Outreach Teams: See Item 8 under Sheriff.
18. <i>DMH (Sheriff):</i> Mental Health Court (MHC)	Create an MHC which targets individuals with co-occurring substance abuse and mental illness, many of whom will be homeless and have frequent contact with the criminal justice system.	DMH is in the planning process with other stakeholders to develop an MHC. The goal will be to link individuals from the MHC into Full Service Partnerships as a diversion to the criminal justice system. DMH has estimated that approximately 75 individuals would be served by the MHC at any one time.	Short-term (less than six months), possibly by April 2006.	DMH will also develop a "Homeless Court" concept with stakeholders. See Item 2 under Sheriff.
19. <i>DMH:</i> Countywide Resource Management	Centralize management of DMH Countywide acute inpatient (uninsured), institutional, and intensive and supportive residential bed resources, which will coordinate functions and maximize flow between higher levels of psychiatric care and provide linkage to community-based mental health services and supports. This program will help mitigate the numbers of individuals being	To be funded by MHSA in January 2006. The plan includes \$250,000 which includes salaries, benefits, and administrative costs for: 1 District Chief	Short-term (less than six months), possibly by April 2006.	The program will provide coordination, linkage, and integration of DMH inpatient and residential bed resources, including acute inpatient beds (uninsured), Institution of Mental Disease (IMD), State hospitals, and intensive residential programs. Coordination throughout the system will reduce

**DISCHARGE POLICIES WORK GROUP
DISCHARGE POLICIES RECOMMENDATIONS**

Department	Recommendation	Cost Assessment	Time Line	Comments
	discharged from institutional settings into homelessness.	1 Mental Health Analyst II To provide administrative, fiscal, and clinical utilization management for 1,200 acute and residential beds at any given time.		hospitalization, incarceration, and the need for institutional care, while increasing the potential for community living and recovery. Links to Sheriff Item 8 and DMH Items 17 and 18.
20. <i>DMH:</i> Residential and Bridging Services	Ensure that individuals with mental illness who are being discharged from institutional settings, including County hospitals, County-contracted private acute inpatient beds (for the uninsured), and intensive and supportive residential programs, are linked to appropriate levels and types of mental health and supportive services including residential, substance abuse, and other specialized programs on discharge. The program will be under direction of the DMH Countywide Resource Management Program.	To be funded by MHSA in January 2006. The plan includes \$1.2 million annually to provide: 8 Psychiatric Social Workers 2 Supervising Psychiatric Social Workers 5 Peer Advocates/Bridgers	Short-term (less than six months), possibly by April 2006.	DMH program liaisons and peer advocates/bridgers will assist in the coordination of psychiatric services and supports for individuals being discharged from County hospital psychiatric emergency services and inpatient units; County-contracted acute inpatient beds; long-term residential resources; and crisis, intensive, and supportive residential facilities. Program liaisons will provide linkage for individuals with mental illness to Full Service Partnerships, Service Area System Navigators, Impact Teams, MHC, substance abuse and residential programs, to ensure individuals are not discharged into homelessness. Some individuals from the jails are sent on 5150's to County hospitals and subsequently are admitted to County inpatient units. The Residential and Bridging Services will provide DMH staff in the County ERs and inpatient units who will link these individuals to State hospitals, IMDs substance abuse and residential programs, Full Service Partnerships, System Navigators, and other community-based services as clinically appropriate. Linkage from the jail to outpatient services will be through the DMH Jail Linkage program who will link to Full Service Partnerships in item 17. Also links with Sheriff item 8 and DMH 18 and 19.
Department of Public Social Services				
21. <i>DPSS:</i> Benefits for Families/ Individuals Exiting Other Systems	Expand linkages with other departments and agencies (DCFS, Probation, Sheriff, Courts, Public Defender, and DHS) to connect families/individuals exiting these systems with CalWORKs, Food Stamps, General Relief, and/or Medi-Cal.	DHS and the Sheriff are currently conducting surveys, in collaboration with DPSS, to identify the potential costs of facilitating access to DPSS benefits for homeless	Though there is not yet a specific time line, DPSS could begin taking applications at	DPSS is currently meeting with the Sheriff, DHS, and DCFS on this and will expand to include other appropriate departments. For example, currently, DPSS takes GR applications at Twin Towers for inmates with mental health needs who are about to be released and who were on SSI prior to

**DISCHARGE POLICIES WORK GROUP
DISCHARGE POLICIES RECOMMENDATIONS**

Department	Recommendation	Cost Assessment	Time Line	Comments
		patients and inmates prior to discharge.	County jails and/or DHS hospitals in 2006.	incarceration, or for those deemed potentially eligible for SSI. The possibility of expanding this project to include other aid programs and/or other groups of homeless inmates is currently being explored. Conditional upon additional resources, DPSS could out-station DPSS staff at the Central Jail and/or other County jails to assist individuals exiting jail in applying for CalWORKs, GR, Food Stamps, and Medi-Cal. Links with DPSS Item 23.
22. DPSS: CalWORKs – Current Participants	<p>A. Assign case managers to all homeless CalWORKs families to assist them in finding permanent housing while on aid.</p> <p>B. Provide “life skills” and “money management” classes to CalWORKs families and individuals to better prepare them for exiting DPSS benefit programs.</p> <p>C. Pilot case managers providing services to help prevent homelessness for CalWORKs families where aid will be terminated because the only remaining eligible child will be reaching the maximum age limit.</p>	<p>A. Annual CalWORKs Single Allocation costs are as follows: 72 GSWs at \$4,639,000; and 9 GSSs at \$702,000</p> <p>B. Costs not available at this time; cost would depend on number of families participating in these classes and the type of provider for the classes.</p> <p>C. No additional cost for pilot</p>	<p>A. Pilot started May 2005; fully implemented Countywide in July 2005.</p> <p>B. Partially implemented at this time.</p> <p>C. Pilot targeted for July 2006.</p>	<p>A. As of July 2005, all 24 CalWORKs district offices have homeless case managers on staff.</p> <p>B. DPSS homeless case managers initiate referrals to Broad Spectrum for Homeless CalWORKs families for money management training and tax preparation assistance. DPSS is continuing to explore the possibility of adding life skills classes and expanding both to the total CalWORKs caseload.</p> <p>C. Continuing the services and expanding to all districts will be dependent on pilot results and available resources.</p>
23. DPSS (Sheriff): Benefits for Homeless Inmates Program	Expand the DPSS Twin Towers GR program whereby DPSS staff take GR applications for certain inmates pending imminent release. DPSS proposes to expand the program to the Central Jail; include other benefit programs, such as Food Stamps, CalWORKs and Medi-Cal; and provide application assistance to all inmates who are likely to be homeless upon release.	Sheriff is currently conducting a survey of homeless inmates in all County jails to determine the number of inmates who would likely qualify for various benefits administered by DPSS. In February 2006, an estimate of the staffing	Within 2006	

**DISCHARGE POLICIES WORK GROUP
DISCHARGE POLICIES RECOMMENDATIONS**

Department	Recommendation	Cost Assessment	Time Line	Comments
		and benefit costs of this recommendation will be developed based on the results of this survey.		
<i>Department of Children and Family Services</i>				
24. <i>DCFS: Transitional Housing Program (THP)</i>	Secured funding from California State Department of Social Services (CDSS) for Transitional Housing Program Plus (THPPlus) services. The THPPlus funds will increase the Transitional Housing Program beds by at least 50 beds for 2006/07 (from 244 to 294).	DCFS was awarded \$600,000 in matching funds to implement THPPlus services.	March 2006	DCFS issued a Request for Information (RFI) in December 2005 to determine if there are any community partners who can provide THPPlus services and the funding match.
25. <i>DCFS: Permanency Partners Program (P3)</i>	Expand P3 to increase services to dependent youth ages 12 and older that are currently in long term foster care. The goal of P3 is to create a partnership with a youth to connect them with individuals who are currently or who have in the past, been significant in the youth's life. If successful, the youth will exit foster care to permanency through reunification, adoption or legal guardianship. The P3 program has expanded services to the emergent runaway population that has been identified, to assist in placement stabilization and permanency planning. As a comprehensive strategy for addressing the runaway youth population is developed, P3 techniques and staff will continue to be utilized to support the Department's efforts to promote safety and permanency for all youth in care.	DCFS and CAO are currently exploring funding options for 2006/07.	Hiring authority has been received for CSW items and hiring is commencing immediately. DCFS and CAO are in discussion regarding remaining items and funding for next fiscal year.	
26. <i>DCFS: Community Partnerships</i>	Create alliances with CBOs and landlords capable of providing permanent housing and social services for foster youth who wish to reintegrate into communities.	Cost may be negligible.	In process.	DCFS continues to work with CDC and others to expand housing opportunities.
27. <i>DCFS: Governmental Partnership</i>	Work with the Housing Authority of the County of Los Angeles and other municipal housing authorities to make Section 8 vouchers available to foster youth who "age out" of DCFS.	Cost is not yet known.		
<i>Cross-Departmental</i>				
28. <i>Cross-Departmental: Discharge Standards/ Guidelines</i>	Ensure that all discharging departments complete the Discharge Standards/Guidelines by tailoring the template to meet their specific departmental needs.	No cost foreseen at this time.	July 2006.	Departments have been provided ample opportunity to review and revise the template. Upon Board approval, departments will have until July 2006 to tailor and implement the standards/guidelines.
29. <i>Cross-Departmental: Universal Discharge Form</i>	All County health and human services departments that provide inpatient and residential services as part of their policies/procedures will develop a discharge risk assessment form that includes a scoring system to identify, on admission to inpatient and residential services, those patients/inmates/foster kids who may have complex needs following discharge.	No cost foreseen at this time.	July 2006.	A work group will be convened by the CAO to develop the universal discharge form.

**DISCHARGE POLICIES WORK GROUP
DISCHARGE POLICIES RECOMMENDATIONS**

Department	Recommendation	Cost Assessment	Time Line	Comments
30. <i>Cross-Departmental:</i> Inventory Data Base	Develop a housing data base to use as a tool for identifying housing opportunities (emergency, transitional, and permanent), with homeless persons as the priority, and support services.	Phase I: \$ 81,000 Phase II: \$198,000	Phase I short-term; Phase II long-term (six to eight months).	CAO currently exploring a contract to develop and maintain database. Phase I would focus on critical needs areas in the County; Phase II would focus Countywide.
31. <i>Cross-Departmental:</i> Community Partnership	Create alliances throughout the County with CBOs capable of providing support services and/or permanent housing for individuals returning to their communities.			
32. <i>Cross-Departmental:</i> Client Data Base	Develop an Internet-based data base that would, at a minimum, provide chronological information on services provided to discharged persons who become homeless in an effort to eliminate duplication of services.	Sheriff estimates the total cost, including start-up fees, is \$215,000. There will be no further cost since the data base will be maintained by the Sheriff.	Development could be short-term (less than six months).	This would work in concert with the standard discharge guidelines and universal discharge form. Confidentiality issues are being explored.
33. <i>Cross-Departmental (DPSS, LACOE, Probation, DCFS):</i> Transition Age Youth (TAY) Education and Social Services	Develop an educational and social services initiative for youth aging out of eligibility for County services.	Life skills classes for DCFS and Probation youth in out-of-home care are within the DCFS budget and paid through the State's allocation for the Independent Living Program.	Life skills classes have been implemented.	<p>The curriculum of DCFS' contracted life skills classes provides information to youth on how to address various social skills/issues (e.g., health and relationships), during their transition to independent living.</p> <p>Through the Emancipation Program Partnership, DPSS is currently working with DCFS and Public Counsel on an initiative to integrate Independent Living Program services with GR for former foster youth who are now on GR. The purpose of this is to assist these individuals (between the ages of 18 and 21) with expanded services, such as housing and case management.</p> <p>Probation has reported that they will collect data to project departmental need in relation to this recommendation and to assist with identifying strategies.</p>
34. <i>Cross-Departmental:</i> SPA-Based Housing Locators/Specialists	All discharging departments or groups, establish at least one SPA-based team of housing specialists in each SPA responsible for helping clients overcome barriers to obtaining permanent housing.	The total cost for housing locators would depend on the number of families/individuals served. According to CDC, housing locator services cost at least \$1,500 for each successful permanent housing placement.	DPSS plans to execute a contract for housing locators for CalWORKs homeless families by July 2006.	DPSS is working with CDC, DCFS, DMH, Probation, CAO, and County Counsel to structure the DPSS Request for Proposals for housing locator services for CalWORKs homeless families, in such a way that other departments will have the option of purchasing housing locator services for their clients from the contractor(s) secured by DPSS.

**DISCHARGE POLICIES WORK GROUP
DISCHARGE POLICIES RECOMMENDATIONS**

Department	Recommendation	Cost Assessment	Time Line	Comments
		DMH will fund two housing specialists per SPA, funded by MHSA at a cost of \$922,958, effective January 2006: 5 Medical Case Worker II's 8 Mental Health Service Coordinator I's	Currently, DMH funds two housing specialists in two SPAs; 14 additional staff to be hired in March 2006.	

COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.
Director

SUSAN KERR
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director



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DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.info>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4601
Fax: (213) 386-1297

January 6, 2006

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.
Director of Mental Health

A handwritten signature in dark ink, appearing to read "MJS", is written over the printed name of Marvin J. Southard.

SUBJECT: **DMH HOMELESS DISCHARGE POLICIES – QUARTERLY REPORT
JANUARY 2006**

This letter is in response to your Board's January 4, 2005 request that the Department of Mental Health (DMH) provide a quarterly report on its policies and procedures that ensure persons are discharged to appropriate housing and linked to community mental health services; the barriers to the successful implementation of such policies and procedures; and a plan to modify or create policies and practices that do not contribute to homelessness, including a timeline to implement such a plan.

DMH has developed a Community Services and Support (CSS) plan to utilize resources available through the Mental Health Services Act (MHSA), which became State law effective January 1, 2005. Your Board approved the plan on October 11, 2005. DMH submitted the plan in October for review and approval by the State Department of Mental Health (SDMH). Los Angeles County representatives met with the SDMH review team on November 30, 2005. SDMH determined that the DMH plan represents the vision of MHSA and congratulated County mental health stakeholders on a job well done. Final approval of the CSS plan is expected in the next several weeks.

MHSA funding will enable DMH to implement a full range of programs for all age groups that will provide services and supports for mentally ill individuals to live successfully in the community and reduce the number of individuals discharged into homelessness from institutional settings.

If you have any questions or need additional information, please contact me at (213) 738-4601.

MJS:TB:MM:mm

Attachment

c: Violet Varona-Lukens

"To Enrich Lives Through Effective And Caring Service"

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

QUARTERLY REPORT

DEPARTMENTAL DISCHARGE POLICIES AND PROCEDURES TO PREVENT HOMELESSNESS

January 6, 2006

This past quarter, DMH submitted the Community Services and Support (CSS) plan to utilize resources available through the Mental Health Services Act (MHSA) to the State Department of Mental Health (SDMH) for review and approval. Approval by SDMH of the County plan is required to receive MHSA funding for CSS. SDMH has responsibility to review the plan to ensure that it meets the requirements and moves toward the vision contained within the MHSA.

On November 30, 2005, Los Angeles County representatives met with the SDMH review team regarding the CSS plan. SDMH congratulated DMH on the excellent product developed by the Los Angeles County mental health stakeholders. Final approval of the plan is expected in the next few weeks.

The resources available through the MHSA will be used for development and implementation of mental health services and supports for individuals with serious mental illnesses. The long-term goal of the MHSA is to develop and implement services to achieve improved outcomes for children, transitional age youth, adults and older adults in the public mental health system. Services will be designed to support the transition of individuals moving from criminal justice systems, hospitals, emergency rooms, out of home placements, and institutional settings to community placement and housing thereby reducing homelessness.

Components of the CSS plan that will provide services to individuals with mental illness who are homeless or at risk for homelessness include the following:

- Implementation of Full Service Partnerships (FSP) for all age groups which will provide field-based mental health services with 24 hours per day, 7 days per week availability for crisis response and intervention; immediate access to housing so that individuals are not discharged from higher levels of care into homelessness; peer support and advocacy; and ethnically and linguistically diverse staff. FSPs will meet the need previously identified by the discharge planning workgroup for increased capacity and number of agencies providing AB 2034 and Assertive Community Treatment (ACT) services.
- Implementation of Service Area (SA) Navigator Teams to assist individuals in finding and securing the formal and informal supports they need. The program will develop and maintain information on employment and housing services in

each service area, and will recruit employers and housing providers to become an active part of the support network in the service area.

- Establishment of a Mental Health Court (MHC) which targets individuals with co-occurring substance abuse and mental illness, many of whom will be homeless and have frequent contact with the criminal justice system. The goal will be to link individuals from the court to FSPs as a diversion to the criminal justice system.
- Outreach and engagement services for incarcerated individuals with mental illness referred by Jail Mental Health Services, Mental Health Court workers, attorneys, and family members. This includes mental health services and supports, housing to prevent release into homelessness, and employment services. The Jail Linkage team, which includes two Patients' Rights Advocates, will coordinate referral and linkage with FSP programs.

FSPs will provide intensive outreach and engagement for mentally ill homeless persons who are unable or unwilling to seek services in the community. DMH will work with its existing AB 2034, and ACT programs, MET/SMART, PMRT (Psychiatric Mobile Response Teams), and SA Navigators to coordinate outreach and engagement for this population. SA District Chiefs will coordinate this effort with the communities in their SAs.

- Centralized management of DMH Countywide acute inpatient (uninsured), institutional, intensive, and supportive residential resources. The program will ensure integration, coordination, and linkage of DMH acute and residential resources to maximize flow between higher levels of psychiatric care and community-based services. Residential and Bridging Services will link individuals who are at risk for homelessness to housing, supportive services, substance abuse, and other specialized programs prior to discharge from institutional settings, including County hospitals and intensive residential settings.
- Expanded capacity for residential programs that provide integrated treatment for co-occurring mental illness and substance abuse.
- Augmented staffing resources to provide more intensive and timely consultation services for children, youth and adults in psychiatric emergency rooms and acute inpatient psychiatric units.
- Increased resource development for homelessness with child, youth, adult, and older adult populations, including, access to in-home mental health services, drop-in centers, respite care, increased benefits establishment, and specialized residential placements.

Discharge Policies and Procedures to Prevent Homelessness

January 6, 2006

Page 3 of 3

- Establishment of a Housing Trust Fund, which will support the development of new permanent supportive housing for individuals of all ages with psychiatric disabilities, that are homeless or are living in residential settings. The Trust Fund will provide increased funding to support rent subsidization for special needs populations, to increase the inventory of affordable housing, and provide funding for the necessary supportive services that are critical to accompany such housing.
- Provision of two housing specialists for each Service Planning Area (SPA) who will assist individuals to secure affordable and permanent housing and work to expand the housing resources within their SPA.
- Promote the development of two additional Safe Havens (residential programs for homeless mentally ill individuals) by funding services and operational costs.

Upon final approval by SDMH of the CSS plan, the Department will begin implementation of an array of innovative programs for all age groups that will enable mentally ill individuals to live successfully in the community with services and supports.

TB:MM:mm

COPIES TO:

____ EACH SUPERVISOR

____ CHIEF ADMINISTRATIVE OFFICE

____ COUNTY COUNSEL

____ OTHER

____ FILE WITH BOARD ORDER

FILE:

____ IN ACCORDANCE WITH RETENTION SCHEDULE

____ INDEFINITELY

REFER TO:

DON'T FILE